

CONNECTICUT LEGAL RIGHTS PROJECT

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**Testimony of Susan Aranoff, J.D. Staff Attorney
Connecticut Legal Rights Project, Inc.
Before the Human Services Committee**

Good afternoon distinguished members of the Human Services Committee. My name is Susan Aranoff and I am a Staff Attorney at Connecticut Legal Rights Project. I am here today to speak in support of three bills, **Raised Bill 6418 An Act Concerning Transfer or Discharge of Residential Care Home Patients**, with proposed amendments discussed herein, **Proposed S. B. 528 An Act Concerning Medicaid Income Eligibility Requirements**, and **H.B. 6402 An Act Concerning Maximization of Medicaid Reimbursement for the State of Connecticut and Federal Medical Assistance Percentages**.

Connecticut Legal Rights Project, Inc. is a non-profit legal services agency that provides individual and systemic legal services to indigent adults who have, or are perceived as having, psychiatric disabilities and who receive, or are eligible to receive, services from the Department of Mental Health and Addiction Services.

Connecticut Legal Rights Project maintains offices at all DMHAS operated in-patient and out-patient facilities in the state. Our offices are staffed by attorneys and paralegal advocates. I provide legal services to individual clients and have supervised paralegals who serve residents of Residential Care Homes.

My testimony today is informed by my expertise in the area of patients' rights, in general, and my direct experiences in Connecticut.

Connecticut Legal Rights Project, Inc. supports Raised Bill 6418 in as much as it provides for non-attorney representation of Residential Care Home patients at hearings to appeal a transfer or discharge. However such representation should not be provided only by employees of the Office of Protection and Advocacy for Persons with Disabilities. Residents of Residential Care Homes should be able to be represented by an advocate of their choosing, be that person an employee of the Office of Protection and Advocacy, a trusted family member, a paralegal advocate from the Connecticut Legal Rights Project or a peer advocate from Advocacy Unlimited. Proposed substitute language is attached hereto.

Furthermore, it is the position of the Connecticut Legal Rights Project, Inc. that residents of residential care homes be afforded the same remedies for violations of their discharge and transfer rights as are afforded residents of nursing homes and chronic disease facilities. Accordingly, we propose amending Connecticut General Statutes 19a550(b) 22 so as to include 19a535(a), in addition to 19a535 and 19a535(b).

Support Proposed S. B. 528 An Act Concerning Medicaid Income Eligibility Requirements

CLRP strongly supports this legislation to expand eligibility for Medicaid; particularly persons who are currently subject to the state's spend down system. Currently, persons with income at 60-70% of the federal poverty level must

document hundreds of dollars of medical expenses to qualify for Medicaid. It is complicated and frustrating for beneficiaries, providers and administrators and interferes with access to health care. We urge this committee to recognize the inequity of this system and an opportunity to increase Medicaid reimbursements, and take favorable action on this bill.

Support HB 6402 An Act Concerning Maximization of Medicaid

Reimbursement for the State of Connecticut and Federal Medical Assistance Percentages

CLRP urges this committee to consider steps that could be taken to expand the Medicaid coverage of mental health services while assuring that the state's mental health system is maintained. More than any other state in the nation, Connecticut relies upon state grants to fund its mental health system. There are positive elements of such a system that must be protected. However, there are medical components of these services that qualify for Medicaid coverage and could generate federal revenue. DMHAS has already collaborated with DSS to establish services definitions and rates for two community services that would qualify for Medicaid reimbursement, assertive community treatment and community support services. The state should explore covering these under the Medicaid state plan. In addition, the state should consider measures that could be taken to have private hospitals increase coverage for intermediate care services which emphasize rehabilitation services and meet discharge criteria.

This could decrease reliance on costly state institutions and increase Medicaid reimbursements.

Thank you for your time and consideration. I am happy to answer any questions the Committee might have or provide you with any additional information.